

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/599,645
	Filing Date	April 5, 2005
	First Named Inventor	Peder R. Pedersen
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	HOI-16102/16

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Corrected Application Data Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C.		
Signature			
Printed name	Ronald W. Citkowski		
Date	January 4, 2007	Reg. No.	31,005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
FEES TRANSMITTAL For FY 2006		Application Number	10/599,645				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 5, 2005				
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		First Named Inventor	Peder R. Pedersen				
		Examiner Name	Not Yet Assigned				
		Art Unit	N/A				
		Attorney Docket No.	HOI-16102/16				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Groh, Sprinkle, Anderson &							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES				Small Entity			
Fee Description	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
Each claim over 20 (including Reissues)	- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.				50	25		
Each independent claim over 3 (including Reissues)	- 3 =	x	=				
Multiple dependent claims				200	100		
				360	180		
	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	- 20 =	x	=				
	HP = highest number of total claims paid for, if greater than 20.						
	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
	- 3 =	x	=				
	HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=				
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1051 Surcharge-Late oath or declaration</u>				130.00			
SUBMITTED BY							
Signature	/Ronald W. Cikowski/		Registration No. (Attorney/Agent)	31,005	Telephone	(248) 547-6000	
Name (Print/Type)	Ronald W. Cikowski		Date	January 4, 2007			